



Serving the People of California

NOTIFICATION OF CHANGE OF ADDRESS, BUSINESS OWNERSHIP, OR DISCONTINUANCE OF BUSINESS

Mail to: Employment Development Department
Status Unit—MIC 28
P.O. Box 826880
Sacramento, CA 94280-0001

YOUR ACCOUNT NUMBER

PLEASE INDICATE THE CHANGE(S) TO YOUR BUSINESS BELOW:

- A. ☐ Address Change Only (Please provide new mailing address/telephone number below.)
B. ☐ Business discontinued without successor: ___/___/___ (Please provide forwarding address below.)
C. ☐ Discontinued paying wages. Last wage payment made on ___/___/___.
D. ☐ Change of business name. New business name: _____
E. ☐ Change of ownership: Enter exact date ___/___/___ and type of change:

If A or B checked above:

STREET AND NUMBER	CITY, STATE, AND ZIP CODE	TELEPHONE NUMBER

If E checked above:

- ☐ Partial sale only, not out-of-business
☐ Corporation formed.
☐ Corporation dissolved.
☐ Entire business sold (enter successor name and address below)
☐ Other (explain): _____

OWNER'S NAME(S) FOLLOWING CHANGE OF OWNERSHIP	BUSINESS NAME	BUSINESS MAILING ADDRESS

NEW Federal Employer Identification Number _____

- ☐ Partnership dissolved. ☐ Partner(s) added. ☐ Partners(s) withdrew:

PARTNER(S) ADDED/WITHDRAWN	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER

REMINDER: If you have discontinued paying wages or have discontinued your business without a successor, you have ten (10) days to file your final DE 88 with payment, Quarterly Wage and Withholding Report (DE 6) and Annual Reconciliation Return (DE 7).

SIGNATURE _____

TITLE _____

(_____) _____

PHONE NO. _____

FOR DEPARTMENT USE ONLY

ENTERED BY: _____ DATE: ___/___/___